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May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F72046** **(8)**

1. Corporation Name
LEFCO, INC.

Principal Place of Business	Mailing Address
3750 SILVER ROSE CT STE 680 ORLANDO FL 32808 US	3750 SILVER ROSE CT STE 680 ORLANDO FL 32808-2227 US

3. Date Incorporated or Qualified: 03/17/1982	3a. Date of Last Report: 06/05/1996
4. FEI Number: 59-2172724	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
XXLEBEAUPIN, XGEORGEXXXXX 3750 SILVER ROSE CT ORLANDO FL 32808	81 Name: JOHN M. BLACKBURN, C.P.A. 82 Street Address (P.O. Box Number is Not Acceptable): 235 S. Maitland Ave., Suite 110 83: Maitland, Fl., 32751 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: John M. Blackburn — Typed or printed name of registered agent and title if applicable — JOHN M. BLACKBURN (NOTE: Registered Agent signature required when reinstating) — DATE 4/28/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☑ DELETE	1.1 TITLE	PD ☑ Change ☐ Addition
NAME	XXXLEFCOLxGLAUDEXxxxx	1.2 NAME	GEORGE LEBEAUPIN
STREET ADDRESS	60 WILLIAM PAUL, #303	1.3 STREET ADDRESS	3750 Silver Rose Ct.
CITY-ST-ZIP	VERDUN, QUEBEC, CAN	1.4 CITY-ST-ZIP	Orlando, Fl., 32808
TITLE	VST ☑ DELETE	2.1 TITLE	VST ☑ Change ☐ Addition
NAME	XXLEBEAUPIN, XGEORGEXXXXXX	2.2 NAME	LEBEAUPIN, Aenan
STREET ADDRESS	3750 SILVER ROSE CT	2.3 STREET ADDRESS	3750 Silver Rose Ct.
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, Fl., 32808
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] GEORGE LEBEAUPIN 407 578 6231 4/24/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #